PTO/SB/21 (08-03) Approved for use through 08/30/2003. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/035,969 TRANSMITTAL Filing Date 11/09/2001 **FORM** First Named Inventor EVANS, Edwin Art Unit 3612 (to be used for all correspondence after initial filing) **Examiner Name** ENGLE, PAtricia L. Attorney Docket Number PHDL0640-001 2.2 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication Fee Transmittal Form Drawing(s) to Technology Center (TC) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **V** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Extension of Time Request Identify below): Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Anthony D. Logan OCT 2 0 Individual name Signature Date 10/13/2003 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name vonne Venable

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT	OF PAYMENT	(\$)

Signature

Complete if Known					
Application Number	10/035,969				
Filing Date	11/09/2001				
First Named Inventor	Evans, Edwin				
Examiner Name	Engle, Patricia				
Art Unit	3612				
Attorney Docket No.	PHDL0640-001				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
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Name The Director is authorized to: (check all that apply)	1053	130	1053		Non-English specification	} .
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
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FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
	1252	420	2252	210	Extension for reply within second month	├
I. BASIC FILING FEE arge Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
ee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$) 001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	1452	110	2452	55	Petition to revive - unavoidable	THE PART
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. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		•	2501		Utility issue fee (or reissue)	
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1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385		
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**or number previously paid, if greater; For Reissues, see above	<u> </u>				σουτοτι κέ (σ) <u>(</u> ψ)	
SUBMITTED BY				_	(Complete (if applicable))	04.00
Name (Print/Type) Anthony D. Logan		Registra		41	,162 Telephone 602 - 631 -	9100

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(Attorney/Agent)